

# **Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents The Indiana Prevention Resource Center Survey - 2005**

## **Executive Summary and Highlights**

Illicit drug use among Indiana youth in 2005 – particularly the four major drugs (cigarettes, alcohol, marijuana, and inhalants) has continued to decline. Indeed, many of the rates show very strong declines of 3 or more percentage points. While the previous ATOD reports indicate a slow and steady decline since the mid-late 1990s, the 2005 data indicate that the trajectory of the decline – at least among some substances – has steepened. **In sum, 2005 ATOD use rates are among the lowest seen in the state in years.**

Cigarette and alcohol prevalence rates are among the more notable decreases, with declines reported for nearly all prevalence rates and among all grades except 12<sup>th</sup>. Alcohol use rates have experienced the strongest declines. Indeed, all grades (except 12<sup>th</sup>) show declines of at least 2 percentage points. Lifetime alcohol use among 7<sup>th</sup> graders shows a decrease of more than 4 percentage points, with no grades experiencing an increase in alcohol use. Marijuana use – particularly lifetime and annual use - has declined among all grades except 12<sup>th</sup>. While significant changes are not reported for 12<sup>th</sup> graders, no increases are noted. Rather, rates have stabilized.

The survey, which is in its fifteenth year, is coordinated annually by the Indiana Prevention Resource Center (IPRC) at Indiana University, and is funded by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction. The 2005 results were obtained from analyses of data from 140 separate local surveys of 136,782 youth in grades six through twelve, attending 435 schools in Indiana.

Indiana prevalence rates for marijuana and most other illicit substances are still higher than the rates reported in 1991 and 1992. However, the data from the past six to seven years indicate that, **in general, illicit use of most drugs by youth is experiencing a steady decline.**

National data showed a steady decrease in use rates for other drugs from about 1980 through 1992, followed by sharp increases from 1993 to 1997. The data from 1998 national surveys showed a leveling of the increases, followed by a slight decrease beginning with data from 1999 through 2002. Indiana's 2005 rates for binge drinking and for marijuana use fell below 2004 national rates. The gap between state and national rates continues to widen, to the benefit of the state. National survey data for 2005 will not be available until late December.

Statewide prevention initiatives have been in place for nearly a decade and include nearly 400 after-school prevention programs. They appear to be **experiencing continued success, based upon the findings of the statewide survey.**

Indiana continues to rank among the highest in terms of the quality and extensiveness of its coordinated statewide prevention efforts. The inclusion and involvement of communities in statewide initiatives and other prevention campaigns have resulted in attitudinal, behavioral and

policy changes across the state. The continued decline in youth smoking rates serves as evidence of the effectiveness of this statewide coordinated effort aimed toward Indiana youth. This year's most significant findings follow.

## **Tobacco Use Declines**

**Lifetime prevalence of cigarette smoking among Indiana youth continues to decline among all grades, with large declines (i.e., over 3 percentage points) reported among nearly all grades.** This change in trajectory is good news, particularly since rates are expected to continue to decline. Cigarette smoking rates are key as they have been demonstrated to function as a “gateway drug” that increases young users likelihood of using other drugs. Indeed, smoking rates continue to serve as the best statistical predictor of other drug use among youth. In 1992, Torabi, Bailey and Majd-Jabbari found that young smokers are 10 to 50 times more likely than nonsmokers to use marijuana, cocaine, and other illicit drugs. This finding has held up since then and has been validated by several other studies. Given this relationship, changes in tobacco use should lead to changes in use of other drugs.

While cigarette smoking rates reflect the success of prevention efforts, there are signs of increased usage of *other* tobacco products. Cigar smoking among 12<sup>th</sup> graders showed a slight increase. However, counter to 2004 findings, smokeless tobacco use showed a decline among nearly all grades.

The reductions in smoking rates among Indiana youth can be attributed in part to prevention program efforts throughout the state, as well as to retailer compliance with regulations designed to prevent the sale of tobacco to minors. The latter effort is part of two parallel initiatives (the Synar Amendment and the Tobacco Retailer Inspection Program). Combined with localized primary prevention efforts, these programs have made a positive impact on cigarette prevalence rates.

According to the 2000 U.S. Census reports, approximately 605,000 Indiana youth are of ages 11 through 17 years. For 2005, this means that about **82,280 fewer Indiana children and adolescents smoke cigarettes** on a monthly or more frequent basis in 2005 than in 1996; about **56,870** fewer Hoosier youth smoke cigarettes daily; and about **41,140** fewer smoke a half pack or more per day. Using these figures, the change between 2004 and 2005 yield the following:

- 7,865 fewer Indiana youth who smoke regularly on a monthly basis
- 5,445 fewer Indiana youth who on a smoke daily
- 10,890 Indiana youth who are heavy smokers (i.e., ½ pack or more per day).

The tables below summarize the percentages per years, as well as the total changes in percentage points.

Monthly Cigarette Use						Daily Cigarette Use					
Year	1996	2004	2005	Change '04 to '05	Change '96-'05	Year	1996	2004	2005	Change '04 to '05	Change '96-'05
6 <sup>th</sup>	9.7%	5.4%	4.2%	-1.2%	-5.5%	6 <sup>th</sup>	4.2%	2.1%	1.9%	-0.2%	-2.3%
7 <sup>th</sup>	19.0%	8.9%	7.5%	-1.4%	-11.5%	7 <sup>th</sup>	10.4%	4.2%	3.3%	-0.9%	-7.1%
8 <sup>th</sup>	27.1%	13.4%	12.5%	-0.9%	-14.6%	8 <sup>th</sup>	15.4%	6.9%	6.7%	-0.2%	-8.7%
9 <sup>th</sup>	34.4%	18.2%	16.5%	-1.7%	-17.9%	9 <sup>th</sup>	22.2%	10.3%	9.4%	-0.9%	-12.8%
10 <sup>th</sup>	36.7%	22.1%	20.8%	-1.3%	-15.9%	10 <sup>th</sup>	24.4%	13.3%	12.5%	-0.8%	-11.9%
11 <sup>th</sup>	40.1%	25.1%	23.5%	-1.6%	-16.6%	11 <sup>th</sup>	27.3%	16.4%	14.8%	-1.6%	-12.5%
12 <sup>th</sup>	39.8%	27.4%	26.5%	-0.9%	-13.3%	12 <sup>th</sup>	27.0%	18.0%	16.4%	-1.6%	-10.6%
<b>AVG.</b>	<b>29.5%</b>	<b>17.2%</b>	<b>15.9%</b>	<b>-1.3%</b>	<b>-13.6%</b>	<b>AVG.</b>	<b>18.7%</b>	<b>10.2%</b>	<b>9.3%</b>	<b>-0.9%</b>	<b>-9.4%</b>

Daily Half-Pack+ Cigarette Use					
Year	1996	2004	2005	Change '03 to '05	Change '96-'05
6 <sup>th</sup>	2.1%	9.0%	1.0%	-8.0%	-1.1%
7 <sup>th</sup>	5.7%	2.1%	1.5%	-0.6%	-4.2%
8 <sup>th</sup>	8.8%	3.5%	3.3%	-0.2%	-5.5%
9 <sup>th</sup>	14.0%	5.7%	5.1%	-0.6%	-8.9%
10 <sup>th</sup>	16.2%	7.6%	7.1%	-0.5%	-9.1%
11 <sup>th</sup>	18.9%	10.3%	8.8%	-1.5%	-10.1%
12 <sup>th</sup>	18.6%	10.9%	9.9%	-1.0%	-8.7%
<b>AVG.</b>	<b>12.0%</b>	<b>7.0%</b>	<b>5.2%</b>	<b>-1.8%</b>	<b>-6.8%</b>

## Alcohol Use Rates See Steep Declines

Alcohol use rates saw large declines among nearly all grades. Lifetime rates declined over 4 percentage points among 7<sup>th</sup> graders, more than 3 percentage points among 6<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders, and more than 2 percentage points among 10<sup>th</sup> and 11<sup>th</sup> graders. The 12<sup>th</sup> graders' lifetime use of alcohol remained steady. Indiana alcohol prevalence rates fell below the national rates for the third consecutive year. Binge drinking rates declined among younger grades (6<sup>th</sup> through 9<sup>th</sup>), which is different than the trend reported in previous surveys. Prior to 2005, reductions in alcohol use were found among older grades, but not among the younger grades. The 2005 findings finally yielded changes among the younger grades. In summary, alcohol use rates among Indiana youth are finally experiencing what appears to be a steady decline. Overall, fewer youth appear to be experimenting with alcohol.

## Inhalants

For 2005, inhalant use among all grades saw a decrease or a plateau. Lifetime use (i.e., “ever use”) of inhalants is higher for younger grades than for older grades. Indeed, lifetime rates for 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grades are higher than among 11<sup>th</sup> and 12<sup>th</sup> grades. The range and accessibility of products used for “huffing” has expanded exponentially over the recent years. Inhalant use warrants watching as it may have serious and immediate health consequences (e.g., brain damage, coma, death), even for first time users. Therefore, the survey results suggest continued

vigilance in tracking inhalant rates, especially among younger grades, as well as some realignment of prevention efforts to address this issue.

## Methamphetamine Use

In 2005, questions to assess the prevalence of methamphetamine (meth) use were added to the survey. Methamphetamine use rates among Indiana youth varied. For Indiana, 5.5% of 12<sup>th</sup> graders reported using meth at least once in their life, which is slightly lower than the national rate for this grade (6.2%). However, reported monthly use among 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders appear to be higher than the national rates, and warrants close continued monitoring.

	6th	7th	8th	9th	10th	11th	12th
<b>Lifetime</b> (Ever Use)	0.7	1.2	2.4 (2.5)	3.5	4.5 (5.3)	4.6	5.5 (6.2)
<b>Annual</b> (Within past year)	0.5	0.9	1.7 (1.5)	2.5	3.1 (3.0)	3.0	3.3 (3.4)
<b>Monthly</b> (Within 30 days)	0.3	0.6	1.1 (0.6)	1.5	1.6 (1.3)	1.5	1.7 (1.4)

*Note: National rates, when available, are in parentheses.*

## Gambling Prevalence

Questions to assess annual prevalence of gambling behaviors were included in this year's survey. The large majority of Indiana youth do not engage in gambling behaviors. Among those who did engage, most did not consider their behaviors to be problematic. However, a greater proportion of youth in younger grades tended to view their behaviors as problematic than compared to youth in older grades.

Question	Response	6th	7th	8th	9th	10th	11th	12th
<b>Bet on games</b>	<i>Not at all</i>	83.1	81.9	78.4	78.5	80.2	82.6	83.4
<b>Bet on sports</b>	<i>Not at all</i>	84.8	83.8	80.9	80.4	82.4	84.2	84.4
<b>Felt bad about the amount bet</b>	<i>Yes</i>	3.5	3.0	3.0	2.3	2.0	1.6	2.1
<b>Would like to stop but could not</b>	<i>Yes</i>	3.5	2.2	2.1	1.5	0.9	0.7	0.1

## Gender Differences

Traditionally, ATOD use among males exceeded those of females. However, findings from 2005 emphasize a trend which appeared in the late 1990s and early 2000s. Females, particularly those in the middle grades (7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup>), show higher use rates of some substances (especially alcohol) than males. These findings warrant closer monitoring as well as realignment of prevention efforts to be gender-specifically tailored.

## **“Cohort Effect” for Year-to-Year Comparisons**

Both national and previous state surveys have encountered on occasion, a cross-section (i.e., cohort) of youth whose ATOD use rates are inconsistent with the average use rates. Furthermore, these “differences” persist across time when they are surveyed during subsequent years. Indiana experienced a “cohort effect” by youth in the class of 2002. When these youth were initially surveyed in 1996 as 6<sup>th</sup> graders, their drug use rates were lower and remained lower than those of other classes. This so-called "cohort effect" may influence our interpretation of data for adjacent classes, particularly the class that follows them.

The 6<sup>th</sup> graders from the 2003 survey (who were 7<sup>th</sup> graders in 2004) showed signs of another cohort effect. This group appeared to have higher ATOD prevalence rates for most drugs - more than other grades. In 2004, we reported signs of another cohort effect, albeit it was premature for absolute determination. This year, Indiana youth in 8<sup>th</sup> grade report decreased prevalence rates for most drugs that are consistent with the declines seen in other grades. However, monthly prevalence of cocaine, crack, and tranquilizers saw increased in this grade, whereas prevalence rates for these substances declined for other grades. These mixed findings make it difficult to definitively conclude the existence of another cohort effect. Therefore, continued close monitoring is warranted.